

Check A Box  
Dependent Specimen

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2	1					
3						1
4						1
5				4		1
6	4		1		1	
7	1			1		1
8	1			1		1
9	3		1			
10	3				1	
11						1
12						1
13						1
14						1
15						1
16			1			1
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50						
TOTAL IND.			7		6	
TOTAL DEP.			19		16	
TOTAL CLAIMS			26		22	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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